

POSITION	ID NO.	DATE
CLASSIFIER	10	6-14-94
EXAMINER	401	6-29-94
TYPIST	8F 358	7-25-94
VERIFIER	WV80	7-26-94
CORPS CORR.		
SPEC. HAND	401	7-27-94
FILE MAINT.	4412	7-5-94
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
1 Original	7-27-94
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SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through number) Cancelled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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